V. S. No. 1

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	S	TATE O	F MARYLAND-	-CERTIFICATE OF DEATH 12921
1.	PLACE OF DEAT	гн 🦽		93-0
	County	Ce	ul ,	Registration Dist. No. 19
	Village or City		Port Dale	THO ME St., W
	Length of residence In cit	ty-or town where d	eath occurred 80 yrs 1 -	If death occurred in a horpital or institution, give its NAME instead of street and number) os. // ds. //www.long.jp.U.S. if of foreign birth?yrs
2.	FULL NAME	arah	Crimie.	Abrahams
	(a) Residence: No.	Lort h	le Court	St., Ward.
			(Usual place of abode)	If nonresident give city or town and State
3. SE	//		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
for	male w	R OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH So - 2 7. 193 (Month) (Day) (Year
	married, widowed, or divo	rced land (	Abrahams.	22. I HEREBY CERTIFY, That I attended deceased
6 DA	ATE OF BIRTH (month, day	and year)	18.1n 1855	
. AG		Months	Days   If LESS than	to have occurred on the date stated above, at ( Am.
	80	/	18 1 day,h ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
20	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER.	House work	Chronic Myocarditio 19:
<b>3</b>	9. Industry or business in work was done, as S SAW MILL, BANK, o	SILK MILL, OL	on/forme	77
0 1	10. Date deceased last wor this occupation (mo year)	ked at 193	2 11. Total time (years) spent in this	
12 B	SIRTHPLACE (city or town)	Parth	le Posit	Other Contributory Causes of Importance:
12. D	(State or country)		, ma	
H 1	13. NAME Joke	war	chibald,	
FATHER	14. BIRTHPLACE (city or to	(WI) Carl	the Posit	Name of operation
-	(State or country)		, ma	What test confirmed diagnosis? Was there an autopsy?
OTHER	15. MAIDEN NAME	and G	Junn,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
1	16. BIRTHPLACE (etty or to (State or country)	wn)	rucaster	Accident, suicide, or homicide?
17. 11	NFORMANT Ell	a arc	hilald,	Where did Injury occur?
18. B	(Address)	REMOVAL CON	v. Date Hov. 30 193	Manner of injury
	riacy	a Pu	to:	Nature or injury.
	1 0 1 11	1. 111	urson	24. Was disease or Injury in any way related to occupation of deceased?
19. U	(Address)	ryn	lle, ma.	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	A	July 5, 1927	Peritonitis	3 days ago
300-	And the state of the second section of the section of the second section of the section of the second section of the section of the second section of the		9	
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1.	PLACE OF DEATH		92.0	0/2
	County County	····/	Registra	ition Dist. No. / $\psi$
	Village or City erry	lle (1)	No. death occurred in a horpital or institution, give its N	St., Ward
	Length of residence in city or town where			h?ds.
2.	FULL NAME Table	lle Ver Da	rnard	
	(a) Residence: No.	(Usual place of abode)	St., Ward.	sident give city or town and State
China Maria	PERSONAL AND STATIST		MEDICAL CERTIFIC	
. SE	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOV	2ng, 1935 (Day) (Year)
ı. I	f married, widowed, or divorced HUSBAND OF (or) WIFE of	Barnard	22 Oct 1 HEREBY CERT	That I attended deceased from
. D	ATE OF BIRTH (month, day, and year)	fr. 13, 1866	I last saw h_ LN alive on Nov.	2 , 19 35; death is said
. AC	GE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related	d causes of Importance
1	8. Trade, profassion, or particular	ormin.	were as follows:	Date of onset
	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	ourework.	21 26	
CCOPAI	9. Industry or business in which work was done, as SILK MILL,	was dance	Surring Valyon	las
0	10. Date deceased last worked at this occupation (month and	11. Total time (yaars) spent In this	Heart D.	islan 1921
1	year)	occupation	Dther Contributory Causes of importance:	
2. E	(Stata or country)	ind:	Geselval as	salo de novi
-	13. NAME Hamel/	Hewett		1933
	14. BIRTHPLACE (city or town)	ltica	Name of operation	Date of
1	(State or country)		What test confirmed diagnosis?	Was there an autopsy? 20
MOIDER	15. MAIDEN NAME (CANY)	Agenmen	23. If death was due to external causes (VIDLEN	
2	16. BIRTHPLACE (city or town) (State or country)	No an	Accident, sulcide, or homicide? Where did injury occur?	Date of injury, 19
17. 1	NFORMANT Sela B. (Address) Serry will	Watson	(Specify occurred in INDUSTRY,	city or town, county and State) In HOME, or In PUBLIC PLACE.
18. B	Place Surjation, or REMOVAL	Date 100. 5 , 19.30	Manner of injury	
19. 1	INDERTAKER RELACION	terson	24. Was disease or injury in any way related to	occupation of deceased? 200
	(Address) Classynl	u, ma.	If so, specify	11 -11
20. F	FILED 19 CO TO		(Signed)	M. D.
	10.1	Registrar.	(Address)	by

12921

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		-30 - 30	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			J

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12922
1. PLACE OF DEATH	92.0
County Ceal 60	Registration Dist. No. 95
Village or City Consum 90	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rowland Besty	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 70 77 1935 (Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, and year)	22. VHEREBY CERTIFY. That I attended deceased from 27 103 S. I last saw have elive on 27 193 S. deeth is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at
71- Gerd Jon 101868 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related pour is of importance were as follows:
8 rade, profession, or particular and of work dame, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which	arteres Schoosin
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Milral Sternasdo
10. Date deceesed last worked at this occupation (month and 934 spent in this occupation 63	
12. BIRTHPLACE (city or town) Manual Country (Stete or country)	Other Contributory Causes of importance:
13. NAME Bewis Berry	
14. BIRTHPLACE (city or town) Add Jacob (State or country) Middle Place	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) limbour  (State or country) limbour	23. If death wes due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
17. INFORMANT Benjam ( ) Sur- (Address) Commence ( ) Mod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

18. BURIAL,

19. UNDERTAKER

deress Syste Registrar at N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 8 1915		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
NENT RECORD. E	CTLY. PHYSICI	sified. Exact states	
HIS IS A PERMA	be stated EXA	be properly class	of certificate.
FADING INK-T	lied. AGE should	ms, so that it may	TION is very important. See instructions on back of certificate.
INLY, WITH UN	be carefully supp	EATH in plain ter	important. See in
-WRITE PLA	mation should	CAUSE OF D	TION is very

N. B.—WRITE PLANT mation should be

V. S. No. 1

STATE	OF	MARVI	AND-	CERTIE	CATE	OF	DEATH
SIAIL	UL	MAKIL	AND-	CERIII	ICHIL	OI	DEVIL

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1	6	y	2	3	

1. PLACE OF DEATH	(92)
County Cecil	Registration Dist. No. 9/
Village or City Chesaleake City	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles 74 Book	tesi
(a) Residence: No. Usual place of abode (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Male White Married	21. DATE OF DEATH (Month) (Dev) (Year)
5e. If merried, widowed, or divorced HUSBAND of Sarah C Bootess	22. I HEREBY CERTIFY, That i attended decessed from
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than  1 day,hrs.  ormin.  8. Trade, profession, or particular kind of work done, as SPINNER. BuckExpers, etc.  SAWYER, BDDKKEPER, etc.  10. Date deceased last worked at finis occupetion (month end 1/9, 5 - spant in this occupetion (month end 1/9, 5 - spant in this occupetion (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  3. NAME	to have occurred on the date stated above, et 2. A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  Date of onset  Date of onset  Date of onset  Death of on
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
17. INFORMANT Chas 74 Bootes & Ball 18. BURIAL, CREMATION, OR REMOVED Date Nov 9, 1935	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19. UNDERTAKER H. W. Spier (Address) Elkton md 20. FILED 1/1/9 , 1935 /3. H. Brown Registrar.	24. Was disease or injury in eny wey related to occupation of deceased?  If so, specify  (Signed)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	130
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 4 1 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
84 K R			
The second of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA plnods County PHYSICIANS

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR DR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDDWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days to have occurred on the date steted above, at 1 day ......hrs. The PRINCIPAL CAUSEOF DEATH and related causes of importance or\_\_\_\_min. Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? ..... Was there an autopsy? MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL CREMATI Manner of Injury Nature of Injury in any way related to occupation (Address) If so, specify (Address) Registrar.

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Example I	73	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DFC 4 7035	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR FU	JRTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

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1. PLACE OF DEATH	ND-CERTIFICATE OF DEATH
	940
County County	Registration Dist, No.
Village or City larry Source	No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	mos ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME / Harry Bu	chmaster Veteran world War
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE B. DIVORCED (wirite the	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE OF MANNA Buckeye	UNION I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Aug. 5,/8	9.3   lest saw h elive on
7. AGE Years Months Days If LE	SS than to have occurred on the date stated above, at 6 9m.
42 3. 19 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Barbar SAWYER, BOOKKEEPER, etc.	augina Pellovis 11-24.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK Marty SAW MILL, BANK, etc.  10. Date decease hast worked at this occupation (gent) and the cycles of the company and the company and this occupation (gent) and the cycles.	tal
10. Date deceased last worked at this occupation and 19 3 11. Total time (years) spent in this occupation occupation.	7
12. BIRTHPLACE (city or town Bowensville	Other Contributory Causes of importance:
(State or country)	7-7
13. NAME Illam N. Onclose	arter
13. NAME Illaw H. Our lown 14. BIRTHPLACE (city or town) Bowens ville	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MANY MINE	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MARY usice  16. BIRTHPLACE (city or town) Borvewsville  (State or appetrs)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAGNET COUNTY COUNTY WILL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL MARCHINE	Manner of injury
Howard & Dete VIV.	Nature of injury
19. UNDERTAKER July , Gallerasur	24. Was disease or injury in any way related to occupation of deceased? (1)
(Address) (Lerry Filly, Mill	If so, specify A Xelegae
20. FILED //1/6, 1931/ 10 Dander	(Signed) M.D.  (Address) Harn In Frace lead
N. C.	guerar. " (Mouless) - W-1/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate.

TION is very important.

RD. Every item of infor-

of OCCUPA-

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH

4	13	6	63	47
I	2	3	2	1

1. PLACE OF D	EATH			(83)	0000
County Ce	cil			Registration Dist. No. 96	
Village or City	Veterans!	Administ:	ration Faci	11th, Perry Point Md. St., death occurred in a horpital or institution, give its NAME instead of street and 44 ds. How long In U.S. if of foreign birth?	ward number)
				087 951 World War Veteran.  Le, SMd. Ward.  If nonresident give city or town and	
	AND STATIST		Commence of the Commence of th	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Male	White		(write the word)	No vember 7 (Month) (Day)	, 193. 5 (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of	r divorced	French B	ffington	22. I HEREBY CERTIFY, That I attended September 24 135 to November 7	, 19_35
6. DATE OF BIRTH (mont	h, day, and year)	July 26.	1894	I last saw h im elive on No vember 7 ,1935	.; death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 7:30 A. M. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
41	or particular	11	ormin.	were as follows:	Date of onset
9. Industry or busin work was done SAW MILL, BA	or particular done, es SPINNER, H KKEEPER, etc	road empl	me (years)	General Paralysis of the Insme, cerebral type	
12. BIRTHPLACE (city or town) Unknown (State or country)				Other Contributory Causes of Importance: Exhaustion	2 weeks
₩ 13. NAME	Griffith Bu	ffington			* **********
13. NAME 14. BIRTHPLACE (city (State or coun	or town) Unkn	own		Name of operation_None Date of	auloney? NO
15. MAIDEN NAME	Elva San	dbower		23. If death was due to external causes (VOEENCE) fill in also the following	
15. MAIDEN NAME Elva Sambower  16. BIRTHPLACE (city or town) Unknown (State or country)				Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Hospital Records (Address) Perry Point, Md.			Md	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  NO injury	
18. BUMAL, CREMATION, Place Harpe	er REMOVAL ers Ferry W			Manner of injury	
19. UNDERTAKER R. Madison Mitchell  (Address) R. Madison Mitchell  Havre de Grace Md.				24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED 100. 9	1935 Cha	ilio 20.	Morrison Do Registrar.	(Signed) C. F. DAVIS, Clinical D	irector

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

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PHYSICIANS Exact statement

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should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNDERTAKER

(Address)

mation should be carefully supplied. NLY, WITH

-WRITE PLAI

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certificate.

See instructions on back of

of OCCUPA-

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20
County Cecil	Registration Dist. No.
Village or City of redericktown	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME (MANSIS Q, ONEL	
(a) Residence: No. Andersok tour (Malaplace of alfode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (variet tha uppd)	21. DATE OF DEATH
note white promed	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced alie Mc Mush	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  19.57 to Nov /4 19.53
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	I last saw h alive on 14 , 19 35; death is said to have occurred on the date stated above, at 5: m.
Salvade, profession, or particular kind of work done, as SPINNER, Sushurumani kind of work done, as SPINNER, Sushurumani kind of work done, as SILK MILL, SAW MILL, BANK, etc.  10 Date dacaase/last worked at this occurrence of the control of the c	Chronic Bronsfelis 1959
SAW MILL, BANK, etc  10 Date dacased last worked at this occupation month and garant in this year)	
12. BIRTHPLACE (city or town) Baltimore, Ind. (State or country)	Other Contributory Causes of Importance;  Mysecardial failure 17-10-55
13. NAME Eslard Copies  14. BIRTHPLACE (city or town). Baltinarie, Ind.  (State or country).	Name of operation Date of
15. MAIDEN NAME (LURYOUV)  16. BIRTHPLACE (city or town) LINERSON (State or country)	What test confirmed diagnosis? Was there an autopsy?  23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Extel & Hessey (Address) Sergetwee, mk	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

(Signed).

(Address)

24. Was diseasa or injury in any way related to occupation of daceased?

meterate Nov. 17

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NEW CONTRACTOR	11			
and the second s	-			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UNFADING INK-THIS IS A PERMANENT RE

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1.	PLACE OF DEATH	920
	County Caculton	Registration Dist. No. 70
	Village or City Near Crceltone (If	No Colored St., Waldesh occurred in a horpital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmos
2	. FULL NAME Harries B. Course	eV
	(a) Residence: No.	St.,Ward.
	(Usual place of abode)	If nonresident give city or town and State
3-5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X	Suals Thite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ia.	If married, widowed, or divorced HUSBAND of (or) WIFE of  WERDEN  Connes	22. I HEREBY CERTIFY, That I attended deceased from
e r	DATE OF BIRTH (month, day, end year) Nov. 10 to 1872	Hast saw har alive on The Last saw har alive on The Last saw har alive on the Last saw has saw hard a saw hard
	IGE Years Months Days If LESS than	to have occurred on the date stated above, at 39_m.
	63 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
_	8. Trade, profession, or particular	Date olone
2	kind of work done, as SPINNER, House Itale	Oedenny Lungs 1 m. 11
L'A	9. Industry or business in which work was done, as SILK MILL, Our horses	weste delation 2 thant
OCCUPATION	O. Date deceased last worked at this occupation (month and year)	
'	1. 1 P. Und	Dther Contributory Causes of importance:
12.	(State or country)	Inguisias Willer Hert disdefi
7	13. NAME Lambesh W. Boulder	T
LAIN	14. BIRTHPLACE (city or town)	Name of operation Dete of
-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ובא	15. MAIDEN NAME Hannak Price	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOH	16. BIRTHPLACE (city or town) Welaware	Accident, suicide, or homicide?, 19
2	(State or country)	Where did Injury occur?(Specify city or town, county and State)
17.	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PÚBLIC PLACE.
18.	BURIAL, CREMATION, DR BEMDVAL	Manner of injury
	Place Pethels Genety Date 100, 197, 1935	Nature of injury
19	UNDERTAKER John & Cottage	24. Was disease or injury in eny way related to occupation of deceased?
	(Address) Orcillon Valual.	If so, specify
2D.	FILED MVT. 19, 19 35 19 Cocoau	(Signed) Dengy P. Aug. M.
	Registrar.	(Address) Jalenja Will

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Example I	1	Example II	A ARMY
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12929
1. PLACE OF DEATH	107-0
County Ceul	Registration Dist. No.
Village or City Mean Michanico Celly	NoSt.,Ward
Length of residence in city or town where death occurredyrs,yrs,	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME  (a) Residence: No. (Usual place of abode)	9 St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH 9100 (Oay) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Pest 7 1935	I last saw have elive on Off 31 1935 death is said
7. AGE Yaars Months Oays If LESS than	to heve occurred on the date stetad above, et 2.302 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	were as johnwis:  Oats of onset  10-29
9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, atc	Broncho-preumavis/ was the trimon
O 10. Date deceased last worked at this occupetion (month and year) spant in this occupation was constant to this occupation	Other Contributory Causes of Importance:
12. B1RTHPLACE (city or town) Classification (State or country)	noul
13. NAME Charles Cleguell	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  13. NAME  Choules Clegwell  Park  Nock  N	Nama of operation Data of Was there an autopsy?
15. MAIDEN NAME Margaret & no Dowell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Most Rant (State or country)	Accident, suicida, or homicida? Data of injury, 19
17. INFORMANT Mas Charles of Cresingell (Addrass) William Each RN Med	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fatte M E. Cem Date Nov. 4 ,1935	Manner of injury
19. UNOERTAKER Joseph R. Chart (Address) Mouth Cast Ind.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED //- 4-35, 19 Sus W. Queus Registrar.	(Signed) M. D. (Address) Ellston Med

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PUNE	-4.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	MARTLAND-	CERTIFICATE OF DEATH	100
1. PLACE OF PEATH		82:00	30
County	1	Registration Dist. No.	
Village or City Jour Al	e losu.	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and num	W
Length of residence in city or town where death	.70		
2. FULL NAME Will	am rol	fur Sr. pot a vetera	w
(a) Residence: No. Jour	Wes Posit	St., Ward.	
(a) hesidence. No.	(Usual place of abode)	If nonresident give city or town and Stat	e
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male white 1	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey)	ع الم
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	rofelier	22. I HEREBY CERTIFY. That I attended dece	
and all	1.0 11 1833	I last saw h Myalive on Non 2 8 19 35 di	19.5
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 m.	eath Is
83 7	2 6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance	
Trade, profession, or particular	ormin.	were as follows:	nte of
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	owmoulder	of brane (aprilling)	7 10
9 Andustry or business In which work was done, es SILK MILL Low	e Fredry		
SAW MILL, BANK, etc.	11. Total time (years)		
10. Dete deceased last worked et this occupation much end 9 Z 6 yeer)	spant in this 5 0		
9-1-1-	390	Other Contributor Canage of Importance:	
12. BIRTHPLACE (city or town)  (State or country)	Colland-	as ares - s correct	
13. NAME William C	ropper		
13. NAME Ullaw C	lulge,	Name of operation No Museling Date of	
(State or country)	/ Acotland	What test confirmed diagnosis? Wes there an euto	osy?
15. MAIDEN NAME Magares  16. BIRTHPLACE (city or town Laline  (State or country)	Me allister	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	burge,	Accident, suicide, or homlcide? 10 Date of Injury	., 19
State or country)	1-Scotland	Where did injury occur?	
17. INFORMANT and Toff	he Pout, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place & officery all Cern.	Date (1 1935	Manner of injury	
19. UNDERTAKEN el a. alla (Addiess) Jones melle	aria)	24. Was disease or injury in any way releted to occupetion of deceased? (V)	6
20. FILED 12. 1 835 6	Jo Haulesel Registrar.	(Signed) Crue & Roule & Company Compan	0
If II.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	in a second

Un.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EC 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - FAII V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 123	931
1. PLACE OF DEATH.	119	
County lets! "	Registration Dist. No. 96	
Village or City Lerry relu	No.  St., f death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city or fown where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Givin William Franklin	w huses	
(a) Residence: No. Serry ville	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	b
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR PRACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH NO U - 16- ,193 (Month) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH (month, day, and year) Cuy 16, 1935	1   1   1   1   1   1   1   1   1   1	19. 2. 3
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7 7 m.	etn 12 2410
3 A 1 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence	te of onest
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	This Colitis -	1/11/
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (mostly and		1+4-2
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Serryrlfe	Other Contributory Causes of Importance:	
(State or country)		
13. NAME Treferich Muhes  14. BIRTHPLACE (city or town) Truces		
4 14. BIRTHPLACE (city or town) Trues Ispue	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autops	sy?
15. MAIDEN NAME Aladys Lackson  16. BIRTHPLACE (city or town) errysleu	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) erryselle (State or country)	Accident, suicide, or homicide? Dete of Injury,	, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)	
17. INFORMANT rederies bulles (Address) errifyelle, land	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL  PIECE TELESTATURE MA Det 18 , 1935	Manner of injury	
19. UNDERTAKER LEWA CALLEGAM	24. Was disease or injury In eny way related to occupation of deceesed? 21	0
(Address) Comprehend.	If so, specify	
20. FILED //-/7, 19 35 To Danders  Registrar.	(Signed) O 9 JONNSON (Address) Poly Lehant V	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  Iuly 5,1927 Peritonitis  Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
G	ENT RECO	FLY. PH	ed. Exact
R BINDIN	PERMAN!	ed EXACT	erly classifie
ARGIN RESERVED FOR BINDING	THIS IS A	ould be state	may be prop
IN RESE	ADING INK	d. AGE sh	s, so that it
ARG	WITH UNF.	fully supplie	n plain terms
	PLAINLY,	nould be care	OF DEATH in
1.	-WRITE	mation st	CAUSE

STATE OF MARYL	AND—CERTIFICATE OF	DEATH	12932
DEATH -	97)	egistration Dist. No	

1. PLACE OF DEATH	97)
County CEC/L	Registration Dist. No. 92
Village or City EIKtoN,	NO. WION HOSPITAL St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Walter Edds	
(a) Residence: No. 722 A 3 h A v e (Usual place of abode)	St., Ward. Collingdale la
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Male White mayried	21. DATE OF DEATH 700. 26 , 193 5 (Year)
5a. If marriad, widowad, or divorced. HUSBAND of (or) WIFE of Kathrine Amelia Edds	22. I HEREBY CERTIFY, That I attended dacaased from , 19, 19
6. DATE OF BIRTH (month, day, and year) Aug. 10, 1874  7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on, 19; death is said to have occurred on the date stated ebove, at \( \subseteq 30 Am. \)  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Reference of this occupation in this 3 6 graph.  Reference of this occupation (month and year) - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 1 - 2 - 6 - 1 3 5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Thom informed has forming or physical Other Contributors Causes of Amportance:
12. BIRTHPLACE (city or town) Brooklyn, N. y.  (State or country)  13. NAME Geoge H. Edds	Cente delatation
13. NAME Geoge H. Edds  14. BIRTHPLACE (city or town) Salem (Stata or country) Mass	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy? 22
15. MAIDEN NAME AnnaE, Seifken  16. BIRTHPLACE (city or town) Drooklyn  (State or country)  17. INFORMANT Kathrine A Edds  (Addrass)	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Pa Date 29, 19.25	Mannar of injury
19. UNDERTAKER ZY WAS CARDINATED AND	24. Was disease or injury in enry way related to occupation of deceased?  If so, spacify
20. FILED More 26, 1935 Adman Jonger	(Signad) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RIPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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Z	TAL DULLA CALL	
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long In U.S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_\_mos. \_\_\_\_\_ds. statement (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. 5a. If married, widowed, or divorced HUSBAND OF CERTIFY. That I attended deceased from (QE) WIFE of × 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at I day, .... hrs. 0 or ....min. 8. Trade, profession, or particular OCCUPATION pe kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. jo plnoys may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)
spent in this
occupation \_\_\_\_ on ID. Date deceased last worked at this occupation (month and that instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER very important. 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) Date of injury \_\_\_\_\_ 19\_\_\_\_ (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) -WRITE PI OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE MW 16 1935 E ... Date. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify

(Signed)

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

St.

(Day)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		7-1	
		and the second s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
6			

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

N. B.

	CERTIFICATE OF DEATH 12934
1. PLACE OF DEATH	(95:0)
County Cecil.	Registration Dist. No. 92
Village or City Elketon,	No. Ward death occurred in a horpity or institution, give its NAME instead of street and number)
· = t/	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Hermon Fre	
811. + 1.	OA Ward
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Hoveruber 17, 193 5
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBANO of majural Field	October 1935 to 100 17 1935
6. DATE OF BIRTH (month, day, end yeer) Qua 12, 1877.	I last sew her alive on Mov 15, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 42m.
58 3 b 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	vere as follows: Oates febrillation: Oates onest
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Decensed had no other condition that
10. Oate deceased last worked et this occupation (month and ) 11. Total time (years) spent In this year) 35	of death. Carte B.
12. BIRTHPLACE (city or town) Claton,	Other Contributory Causes of importance:
(State or country) Maylone	
13. NAME Chales Herman Someth	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) morgland.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ida Many word.	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr Gondolph Ciela.	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Colton Century Oate mov. 19, 1935	Manner of Injury
19. UNDERTAKER N. W. Pijspini a Sons Ana	24. Was disease or injury In any way related to occupation of deceesed?
(Address) Eloth ma	If so, specify
20. FILED 1/19 - , 19:35 / Shawl fragen	(Signed) M. D. M. D. M. D. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Zamani pres.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDEAU V. S.	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CRD. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12935
1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 92
C 00 =	1. 7. 00
Village or City (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Berlein Gel	w
(a) Residence: No. Nama Sun Lud'	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Temple  Temple  Temple	21. DATE OF DEATH  (Month)  (Oay)  (Year)
ia. If married, widowed, or divorced HUSBAND of Ralph Jubson (or) WIFE of	I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) June. 28. 1876	I last saw h 2 alive on 11.3.1; death is said
B. DATE OF BIRTH (month, day, and year)  7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at \$24.4 m.
59 LL 07 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows:  When we have the service of the s
9. Industry or business in which work was done, as SILK MILL,	The intestinal obstruction was not due
SAW MILL, BANK, atc	to cancer. It was due to old od
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2/	Gessarde Quest. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Port Deposit:  (State or country) 3rd.	Other Controllery Canada of Importance:
13. NAME Names It. breawell	P0 - 0
14. BIRTHPLACE (city or town) Port Deposit (State or country)	Name of operation who was a confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Battline Burke	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Port Deposit (State or country)	Accident, suicide, or homicide?
17. INFORMANT M. Ralph Gibson (Address) Rising Sun, man	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CARMATION, OR REMOVAL	Manner of injury
Place topsewell Man Date for 8 , 1935	
19. UNDERTAKER Co-Typing (Address) Den Jun Md.	24. Was disease or injury In any way related to occupation of deccased?

(Address) \_\_\_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	1	Example II	
The principal cause of death of importance were as follows	and related causes	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 6 7025	192	Run over by street car	1 week ago
Cerebral hemorrhage	J	uly 5, 1927	Peritonitis	3 days ago
	SINEAN V. S			
Other contributory causes of			Other contributory causes of importance:	
Gallstones	A.	1ay 1,1923	Gastroenteritis	1 year

BINDING	UNFADING INK-THIS IS A PERMANENT
另	K
F	IS
RESERVED FOR BINDING	INK-THIS
ARGIN RI	UNFADING

ORD.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred\_-statement PHYSICIAN If U.S. Yeteran specify WAR. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) EXACTL (Year) 5a. If married, widowed, or divorcad HUSBAND of CERTIFY That Vattendad decaased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Months If LESS than properl Vaare Days to have occurred on the date stated above, at ... stated I day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and reletad ceuses of importanca or ..... min. ware as follows: Date of enset Trade, profassion, or perticular OCCUPATION kind of work done, as SPINNER. jo SAWYER, BOOKKEEPER, etc. 9 Industry or businass in which gas, & Call work was dona, as SILK MILL, SAW MILL, BANK, etc. back may pluods Date daceasad last worked at on 11. Total tima (years) this occupetion (month and spent in this that occupation \_\_\_\_\_ instructions Othar Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) supplied. plain terms, FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town (State or country) carefully What tast confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER very important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. 16, BIRTHPLACE (city or town) DEATH (Stete or country) pe Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) (1) OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury is mation LION Nature of injury\_\_\_\_\_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)\_. 20. FILED Registrar. (Address) If more blanks are needed, address Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting B. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLA

V. S. No. 1

Exact statement of OCCUPA.

D. Every item of infor-

Ī	County Steel  Village or City Outside or honorin	Registration Dist. No. 15	
		NoSt.,\  (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos	
2	2. FULL NAME John n. Hagan		
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WHOO'S OR DWORCED (write the y	web, word)  21. DATE OF DEATH  22. DATE OF DEATH  (Month)  (Day)  (Yea	
5a.	. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased  Mos 29 1935, to 100779 19	
6. I	DATE OF BIRTH (month, day, and year) May . 18- 1933	I last saw him elive on Mot 29 , 1936; death l	
	AGE Years Months Oays If LESS 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Labor Francisco	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
00	10. Date deceased last worked et this occupation (month end year)		
12.	BIRTHPLACE (city or town) Outside of Consumps (State or country)	Other Cantributary Causes of importance:	
HER	13. NAME Earl Hagan		
FATH	14. BIRTHPLACE (city or town) Pleasant Grave. (State or country)	Neme of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?	
ER	15. MAIOEN NAME Sula Preston	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Physicallyhia (State or country)	Accident, suicide, or homicide?	
17.	(Address) Mana 200	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	B. BURIAL, CREMATION, OR REMOVAL Pa	Manner of injury	
19.	O. UNDERTAKER J. J. Jyzon,	24. Was disease or injury In any way related to occupation of deceased?	
	(Addiess) / wing slam // C,	If so, specify (Signed) for the state of the	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of death and of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BUNCAL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Mar of Sprenting Company of the Comp	1931	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County Clark	Registration Dist. No. 9%
Village or City Elblor, (If	No. One St., Ward death occurred in a horpital or institution, we its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CALVIN HURT	~ <del>11</del> · 1
(a) Residence: No. 1223 Bond (Usual place of abode)	St., Ward. Gallemon Manufacture and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIFFORMED, WIDOWED, OR DIFFORMED ("write-file word)	21. DATE OF DEATH 26 , 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERT1FY, Thet I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) July 23 1916-1913	I last saw h elive on 19; deeth is said
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, et / O. T.Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.	Hartine of Shell Date of onset
9 Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceesed lest worked at this occupetion (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
13. NAME Jaylor Hert	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME bettie Welson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide Cude to Bate of Injury 11/1-6, 19. 5. Where did Injury occur? State & global Accident
17. INFORMANT nettie Hust (Address) 1212 7. Bond A	(Specify fity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Back - MA Date 11-29, 19.35	Manner of injury Left Lighway can there Nature of Injury Lefter at hit pole.
19. UNOERTAKER It. w. Piapin (Address) Elkton 222	24. Was disease or injury in any way related to occupation of deceased?
20. FILED has v6, 1975 Januar Tronger Registrar.	(Signed) Stowley D. Juffus Coroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
9			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	
	County Cell O	Registration Dist. No. 96
	Village or City Sessing Sun 1, F. 10	No. 9t., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence In city or to where death occurred yrs gos	ds. How long in U.S. If of foreign birth?mosds.
	2. FULL NAME Sala ( ) alles	rel.
	(a) Residence: No. Surif Styru 1.17. (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SPA 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH 101. 28 193 5
		(Month) (Dey) (Year)
/	5a. If married, widowed of givorced  HUSBAND of  (or) WIFE of  Cuntou  Chrow	22. SINEREBY CERTIFY, Thet i attended deceased from
e.	6. DATE OF BIRTH (month, day, end year) Markel, 31, 1855	I last saw her alive on Vron 28, 1935; death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
certifica	80 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, for war wife, as SPINNER, for war wife,	Causes or malegnant annors
		of sublinguel - voyaled
back	9. Industry or business In which work was done, as SILK MILL, Own Jawa SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1977)	Tand supmorelland 3 mg
on	10. Date deceased last worked at this occupation (months and 9 Z 8 spent in this year)	<i>G-1</i>
instructions	Company of the second	Other Contributory Causes of Importance:
nct	12. BIRTHPLACE (city or town) A warry well, (State or opuntry)	Stand weekle to
nstr	13. NAME James, MC. Call	Savalland Tdays
See i	13. NAME Junes, flet, Called 14. BIRTHRACE (city or town) Junerry velles	Name of operation no Operation Date of
20	(State of country)	What test confirmed diagnosis?
nt.	15. MAIDEN NAME Regabeth Clument	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
important	5 16. BIRTHPLACE (city or town) A warry ville	Accident, suicide, or homicide?
od u	State or coumpry)	Where did injury occur?
very in	17. INFORMANT (Sul ) The Gullough (Address) The sing sum II The line	(Specify and State) Specify whether injury occurred in INDUSTRY in HOME, of in PUBLIC PLACE.
ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Rp uspens
Si N	Place Vofreyoll Cew. Date Dec, 2, 1935	Nature of injury.
TION	19. UNDERTAKER Jee a. Catterson.	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Jerryville, Mill.	If so, specify
71	20. FILED / 2/2 135 to fr. Handers	(Signed) Church Contact M. D
1	Registrar.	(Address) worky my aug

10111111

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		
se of death and related causes re as follows:	Date of onset	
	1 week ago	
ar	1 week ago	
	3 days ago	
y causes of importance:		
	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

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certificate.

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

See instructions on back of

TION is very important.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12940
1. PLACE OF DEATH .		(210-F)
County Cercl	1	Registration Dist. No. 9/
Village or City Outsile	Levaleuse Cit	7 Np. St., Ward
Village of City	y	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deep	th occurred / Q yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MICHAE	L KAMIT	
(a) Residence: No. Choop	ende Cita R. S	St. Ward.
(a) hesidence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TOTAL
MW	OR DIVORCED (ruplie the word)	(Month) (Day) (Yeer)
e. If merried, widowed, or divorced	7	(month) (bay) (feet)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
		, 19, 10, 19, 19
. DATE OF BIRTH (month, dey, and year)	10/19	I last saw h; death is said
. AGE Years Months	Deys If LESS than	to have occurred on the date stated ebove, et 10. Pm.
16	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade, profession, or particular	n //	M d d d
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	abor	shacture of the shall
9. Industry or business in which		
work wes done, es SILK MILL, SAW MILL, BANK, etc	1	
10. Date deceased last worked et this occupation (month and	11. Total time (yeers) spant in this	
yeer)	occupetion	Dther Contributory Causes of importance:
z. BIRTHPLACE (city or town) . Les	len	
(State or country)	Ja.	
13. NAME / ele /	amit	
14. BIRTHPLACE (city or town)	- +1	Neme of operation Date of
(State or country)	lustra	What test confirmed diagnosis? Was there en eulopsy?
5 15. MAIDEN NAME	Kissolla	23. If deeth was due to external causes (VIQLENCE) fill in also the following:
		Accident, suicide, or homic destacted Dat of injury //// 1935
16. BIRTHPLACE (city or town)	luotua	Where did injury occur? Outside Champeger City.
Note IV	cin't	(Specify city or town county and State) Specify whether Injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) Chiralian all	md.	Buck and of a resident
18, BURIAL, CREMATION, OR REMOVAL	////	Menner of Intery Richie on truck lovely with John
Al . I A . A. A. A. A.	Date 200.17 1935	Neture of injury tell and heart to have alle off.
611 15-11-0	1	
19. UNDERTAKER / W/ 18pm + Jo	ns fre	24. Was disease or injury In any way releted to occurrent of deceased?
(Address) alkton, many	and.	If so, specify
20. FILED 4/17 , 1935 /3.	H. Brown	(Signed)
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of do of importance were as fo	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	8 4 1105	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4	July 5,1927	Peritonitis	3 days ago
-	AUNDAL V. S.	grade p <sup>2</sup>		
Other contributory cause	s of importance:		Other contributory causes of importance:	15113
Gallstones		May 1,1923	Gastroenteritis	1 year
Other contributory cause		May 1,1923		

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1294
	1. PLACE OF DEATH	92:0
should of OCC	County Clark	Registration Dist. No. 75
sho of o	Village or Citylusside Conoungo Ma	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 -	Length of residence in city or town where death occurredyrsmos	death occurred the norphator institution, give its IVAIVE, instead of street and number)
CORD. Every PHYSICIANS oct statement	2. FULL NAME Tilmore me Inti	2
RD. YSIC stat	(a) Residence: No	St.,Ward.
ORD. HYSI ct stat	(Usual place of abode)	If nonresident give city or town and State
RECC. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TT R	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  White  Maried	21. DATE OF DEATH 765 27 1935 (Month) (Day) 1935
NEN CT I	5a. If married, widowed, or divorced HUSBAND of	(10)
MAN X A C' classifi	(or) WIFE of y dia me Intere	22.   I HEREBY CERTIFY, Thet I affended decease
<b>-</b>	6. DATE OF BIRTH (month, day, and year) Let 1 25 1864	I last faw h. Le eliva on M. F. T. 19.74 dozen
PE PE da Barly cate	7. AGE Years Months Deys If LESS than	to have occurred on the date stafed abova, at 5m.
IS A PE stated E properly certificate	7/ 3 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	C Trade profession or particular	vere estollows: Date o
Hade	Kind of work done, as SPINNER. Capelnters	mitral Resursitation
ould may back	S. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1
S S S I	O 10 Data daceased last worked at	V V
	this occupation (month and spent in this 40 occupation 40	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Offerd	Other Contributory Causes of importance:
AD AD ed. s, s	(State or country)	
UNFA supplied n terms, ee instru	13. NAME William me Intil	
If U sup in to See	14. BIRTHPLACE (city or fown)	Neme of operation Date of
ITTH Illy plai	(State or country)	What test confirmed diegnosis? Was fhere an autopsy?.
Y, WIT] carefully H in pla	15. MAIDEN NAME oraly & enry	23. If death was due to external causes (VIOL ENCE) fill in also the following:
X, car 'H	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
AINIY, debe car DEATH y import	(Stafa or country)	Where did injury occur? (Specify city or town, county and State)
TEA >	17. INFORMANT Ly dea Me Inlug	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Conoruing Md.	
TE n s	Mace along A Motor / 10130,1930	Manner of injury
WRITE mation s CAUSE TION is	1671	Nature of injury
T C II	19. UNDERTAKER F.C. Garage March	24. Was disease or injury in any way related to occupation of deceased?
m (T)	Maria ale + -	(Signed)
7 0	20, FILED/-/-/	(vigneu)

.\_\_\_\_\_yrs.\_\_\_\_mos,\_\_\_\_\_ds.

FY, Thet I affended deceased from

\_\_\_\_ Date of \_\_\_\_\_ ...... Was fhere an autopsy?\_\_\_\_

And address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nov 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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16 DATE OF DEATH

Contributory

Secondary

Registration	Dist.	No.	9
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MEDICAL CERTIFICATE OF DEATH

(Month)

the l'israse Causing Death, or, in

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

and that death occurred on the date stated shove, at.

The CAUSE OF DEATH \* was as follows:

I HEREBY CERTIFY. That I attended the deceased from

(If death occurred in Ward) a hospital or institu-tion, give its NAME is -

stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED.
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Day) (Month) If LESS than

7 AGE

classified

properly of certification

pe

that

supplied terms

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4 PD

> CAUS KOLL

state ccu2/

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Occu

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may be hould

See instructions

certificate.

RECORD

BINDING

1 day hrs.

8 OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE ENTS OF FATHER (State or country)

12 MAIDEN NAME AB OF MOTHER a.

> 13 BIRTHPLACE OF MOTHER (State or Country)

20 UNDERT

ients or Recent Residents)

At place of death \_\_\_\_\_yrs.\_\_\_\_\_ds.

Where was disease contracted, if not at place of dea.h?.....

DATE OF BURIAL

If more b.anks ere needed, eddre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or

usual residence

**ESERVED** MARGIN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken. work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an laborer, For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation The ques-

EASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronie valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory " Shock,"

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied.

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12943
1. PLACE OF DEATH	(210-m)
County East	Registration Dist. No. 92
Village or City Morion Suspilar	Athoric St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2 FILL MARE EDWARD THOMAS N	TUR PHV
2. FULL NAME = RITTED PROMISE 11	OL WAR
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (work the word)	(Month) (Day) (Yeer)
ia. If married, widowed, or divorced HUSBAND of	(mointi) (bay) (taet)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
71520	, 19, to, 19,
5. DATE OF BIRTH (month, day, and year)	I last saw h; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1. 10 Atm.
6 7 3 ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
8. Trade, piofession, or particular kind of work done, as SPINNER, School SAWYER, BDDKKEEPER, etc.	flucture of St adott
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Lewical Vertebrae
11. Totel lime (years) this occupetion (month and year)	
Character a le cita	Other Contributory Canees of importance:
(State or country)	
13. NAME Villians F. Jounghy	
14. BIRTHPLACE (city or town tarque Island	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Maguet & Geynolds	23. If deeth wes due to external couses (VIDLENCE) fill in also the following)
16. BIRTHPLACE (city or town) Jet of globa City	Accident, suicide, or homioder Cleaning Dete of injury 1931
(Stete or country)	Where did initially occurry
17. INFORMANT Magenty While lock (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Children across road
Place Bethel Cemetery Dete Mr 20, 1935	Nature of injury was stuck by Cento
19. UNDERTAKER D. W. P. pin	24. Wes diseese or injury in any wey releted to occupation of deceased?
(Addgess) Elkton Mid	If so, specify
20. FILED Now 20, 1935 & Saul Syoner Registrar.	(Signed) (Address) Carore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5, 1927	Perilonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

V. S. No. 1

state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	48
ould	County Cecil	Registration Dist. No. 42
	Village or City Elkton KN	NoSt., Wa
0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
ANS	7) 1 1 6 6	ds. How long in U.S. if of foraign birth?yrsmos
OIA eme	2. FULL NAME / Kachel & Ott	
YSICIANS	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
J	Terre While married	(Month) (Day) (Year)
X A C T L classified.	5a. If marriad, widowad, or divorced HUSBAND of	22. 1 HER BY CERTIFY, That t attended deceased for
A (	(or) WIFE of W Hany all	2100/92 - 13) to /01/- 10 5
	6. DATE OF BIRTH (month, day, and year) aug 27 1903	I tast sawn! By alive on Prot. 3/ 1935 deeth is
stated E properly ertificate	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10:05 m.
stated proper ertific	3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
stated E properly certificate.	8 Trade profession or particular	were as follows:
pe of	Kind of work done, as SPINNER, Avuseurfe SAWYER, BDDKKEEPER, etc.	Caremona of When I'm
	9. Industry or business in which	and add and
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	- Commission of
it is	kind of work done, as SPINNER, According to the SAWYER, BDDKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	
	year) occupation	Other Contributory Causes of Importance:
oplied. AGE erms, so that instructions of	12. BIRTHPLACE (city or town) Electore had RD 2	Other Controllery Caucs of Importance.
	(State or country) Transland	
supplied n terms, ee instru	13. NAME Circlie Bliggs	
sup in te See i	13. NAME Cyclic 12 1998  14. BIRTHPLACE (city or town) Cacilty or Constant 14. BIRTHPLACE (city or town) Cacilty or Cacilty	Name of operation Date of
y s	(State or country) may land	What test confirmed diagnosis? Was there an autopsy?
carefully supplied. H in plain terms, ortant. See instru	15. MAIDEN NAME Martha Johnston	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Martha Johnston  16. BIRTHPLACE (city or town) Ce Close  (State or country)	Accident, suicide, or homicida? Data of injury19
ld be car DEATH y import	E (State or country) Many land	Where did injury occur?
be EA' imp	17. INFORMANT W 7+any Ott	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Addrass) Elkton mid RO Z	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
_ 图 ·希	Place Bethel Cereting Date Nov 3, 1935	Nature of Injury
mation CAUSI TION	Do W Pissing	24. Was disease or injury In eny way ralated to occupation of deceased?
CH	19. UNDERTAKER EKTOU Tud	If so, spacify
	1 1 2 2 2 0 Ban 2-20	(Signed) Aller N
(	20. FILED 100 V, 1923 4 Could Grown Registrar.	(Addrass)
( )	Acessar.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows C 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SUREAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12945
1. PLACE OF DEATH	(T)
County Level	Registration Dist. No. 95
Village or City Port Deport ma	No
((1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsymos	ds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME VIIII AU Sylvisles	Vallerene (gr.)
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male w OR DIVORCED (wise the word)	Nov 4 1935-
5a. If married, widowed, or divorced	(Month) (Da§) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
24	1100 4 1930 to 1000 4 1935
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	I last saw h
7. AGE Years Months Days If LESS than lday hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	VI MILLIO ILIXIA
4 . 9 Industry or husiness in which	STILLABORELL
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Shall till fulls	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Post DEpas of May	
(State or country) Cecek Cp	
	n( S-)
14. BIRTHPLACE (city or town) New York City (State or country)	Name of operation to purcless Date of
	What test confirmed diagnosis? Was there an autopsy?
10 - 1	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
Stata or country)	Accident, suicide, or homicide?
SE A.II	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALL OF BY BY BY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Carwood Monte for 5, 1938	Nature of injury.
19 UNDERTAKER J. E. Tyson.	24. Was diseasa or Injury In any way related to occupation of deceased?
(Address) / Rusing Sten Md	If so, specify
20. FILED / / 4 1935 7 7	(Signed) Engel Workland M.D.
DEWITTOWWW MM Registrar.	(Address) Liberty mr hel
On william and No proye blanks whe needed, address, State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:			Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	psc a 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RIDEAU V.S.	July 5, 1927	Peritonitis	3 days ago
	Total law v			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

AD. Every item of infor-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Cert	Registration Dist. No. 92
Village Dr City	No lum Hapet (st. Ward
₩3 (IF	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidance in city of town whare deeth occurred. 7yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME And Dawn	A Seteran specify WAR.
(a) Residence: No. Secultur	St., Ward
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STYGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH // 30
mana	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Comments of Comments	11-07 1935 to 11-30 1935
6. DATE OF BIRTH (month, day, and yeer) 7-6-1892.	I last saw h elive on
7. AGE Years   Months   Deys   If LESS than	to have occurred on the date stated above, a 250 m.
43 4 24 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
2 Trade profession or particular	Date of onset
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or businass In which work wes dona, es SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last workad at this occupation (month and spant in this	
9. Industry or businass In which work wes dona, es SILK MILL,	Munua.
SAW MILL, BANK, etc	
year)oc:upetion	Dthar Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country) (Ce cilitar) From	
13. NAME Cudrew Sewell	
13. NAME Audie Sevel  14. BIRTHPLACE (city or town) Cacillore  (State or country) Many Land	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was thera an au'opsy?
15. MAIDEN NAME Curice Starking  16. BIRTHPLACE (city or town) Ce cieture	23. If death was dua to external causes (VIDLENCE) fill in also tha following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT James Daniely	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Cecelton my	
18. BURIAL, CREMATION, OR REMOVAL CALLED Deta Dec 3, 1935	Manner of injury
Piece Deta Deta , 192	Nature of Injury
19. UNDERTAKER 24. W. Timber	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Elections and	If so, specify
20. FILED 2 & 3- 19 35 / Traus or azir	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 6 1950	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1
BINDING	
FOR	
RESERVED	
ARGIN	

V. S. No. 1

state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS should Exact statement stated EXACTLY properly classified. certificate. be Jo AGE should See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY

(Address)

(State or country)

	OTATIL OF IMARCILLARIE	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	92-0) 911-
	County <u>Cecil</u>	Registration Dist. No.
	Village or City North East, Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	7 ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME George Albert Smith	Not a veteran
	(a) Residence: No. 3709 Bloomingdale Road (Usual place of abode) Bal	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Wildower	21. DATE OF DEATH  (Month)  (Day)  (Year)
6.	If married, widowed, or divorced HUSBAND of (or) WHEE-of My Collyabeth Lack  DATE OF BIRTH (month, day, and year)  NOV 3, 1864	1 HEREBY CERTIFY. That I attended deceased from 1935, to 200 1955  I last saw harmaliva on 200 1955; death is said to have occurred on the date stated above, at 8 0 p.m.
7	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. thdustry or business in which work was done, as SILK MILL, Baker-Whiteley Coa.  SAW MILL, Baker-Whiteley Coa.  10. Date deceased last worked at Feb. 11. Total time (years) spent in this occupation (month and 1935 occupation)	Cardio Vermen disease Mitral regungitation. Rince Nov. 1925. Heart enlarged Cardine Asthmer
12.	BIRTHPLACE (city or town) Rising Sun (State or country)	Other Contributory Causes of Importance:
E S	13. NAME Dr. Albert H. Smith	
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy?
ER	15. MAIDEN NAME Anna A. Bradley	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?

19. UNDERTAKER (Address)

Del

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Where did injury occur?\_\_\_

Manner of Injury

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
330		1	
Other contributory causes of importance:	1900	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

9	60	0	19	0
1	6	it	4	3

1. PLACE OF DEATH					
County Cecil			Registration Dist. No	9-2	
Village or City Elkton,  Length of residence in city or town whera death occurred 12 yrs	(lf	No. West High St.	on, give its NAME instead of stre	St.,Ward	
2. FULL NAME Julia Ann Smith					
(a) Residence: No. West High St., Ell (Usual place of abod	kton, Me	d • St., Ward.			
PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CE	RTIFICATE OF DEA	тн	
Female 4. COLOR OR RACE OR DIVORCED (write		21. DATE OF DEATH	November 13th	, 1935 <sub>3</sub>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY	CERTIFY, That i at		
6. DATE OF BIRTH (month, day, and year) October 31, 18	44	l last saw h er alive on No	ovember 11th,19		
7. AGE Years Months Days If	LESS than sy,hrs.	to have occurred on tha date stated The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of important		
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Cerebral embd	lism ab	out Oct 15th	
work was done, as SILK MILL, SAW MILL, BANK, etc	is				
12. BIRTHPLACE (city or town) Cecil County, Md. (State or country)		Other Contributory Causes of import General arter	ance: io-solerosis	unknowa	
I3. NAME John Smith					
14. BIRTHPLACE (city or town) Bucks County, Pa. (State or country)		Name of operation	Da		
15. MAIDEN NAME Julia Devonshire		23. If death was due to external causa			
16. BIRTHPLACE (city or town) Bucks County, Md. (Stata or country)		Accident, suicide, or homicide? Data of Injury, [9			
17. INFORMANT Mrs. Joshua Clayton. (Addrass) Elkton, Md.		Specify whether Injury occurred in I	(Specify city or town, county a INDUSTRY, in HOME, or In PUB	and State) LIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL  Place herry Hill  Bate Nov. 16, 1	1935.	Mannor of injury			
19. UNDERTAKER JOSEPH G. Frank		24. Was disease or injury in any way	related to occupation of deceas	ed? NO	
20. FILED More 15, 1935 J. Frausi Fra	Registrar.	(Signad) (Address)	1 Jough		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.		b - e	
Other contributory	causes of importance:		Other contributory causes of importance:	41 41
Gallstones	WENT	May 1,1923	Gastroenteritis	1 year

N RESERV	
TARGIN	1

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County Class	Registration Dist. No. 92
Village or City Union Hospital	No. Clblon, St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2 FULL NAME LEAVI SOMMER	S s An . MI
(a) Residence: No. 1420 Renna are.	St. Ward Dallmor And
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEFORCED (wrighthe word)	21. DATE OF DEATH LOV 12 - 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from ,19,10
6. DATE OF BIRTH (month, day, and year) lune 4 1918	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.30A.m.
17 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Sawyer, BOOKKEPPER, etc.	# 1
9. Industry or business in which	Jucius of Spull
work was done, es SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jeney Lower Mol.	
13. NAME Charles Sommers	
13. NAME Charles Sommers  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy 200
15. MAIOEN NAME Jettil / Tulpe.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME Jottil Tulpe.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide. Date of Injury 11, 19.3.
State or country)	Where did injury occur? Man / Secily city of town, county and State)
17. INFORMANT (Address) 1420 Pensa are Ballo-Mo	Specify whether Injury occurred in INOUSTRY, in AOME, or to PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Backs. M. L. Dete 11/13 ,19 3 5	Manner of Injury Hall Soy auto
19. UNDERTAKER S. Levris Prod (Address) 1/27/E 18 alterior 57	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED NOV 12, 1935 & Trum Broyer.	(Signed) Steeley 1 1962 Mar. (Address)
If more blanks are needed address Seeta Parish as	24 N. Charles Street Baltimore Pandarting 91 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

be carefully supplied. WITM

mation should -WRITE

V. S. No. 1 N. B. certificate.

See instructions on back of

TION is very important.

JRD. Every item of infor-

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. 93
(D) 1 h	
Village or City O / Lovalue	No. St., War-
Length of residence In city or town where death occurredyrs,mo	sds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME William Franklin	Spratt Jr.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOBJOR RACE 5. SINGLE, MARRIED, WIOOWED,	21 DATE OF DEATH 47.
Male oR DIVORCED (write the word)	Nor 5 193
a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Nov 5-1935-	I last saw h alive on, 19; death is sa
. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day, 9 hrs.	and the tellows of prairie and related causes of importance
	Jtill birth Oate ot onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	breech delivery
9. Industry or business in which work was done, as SILK MILL.	asphysiation!
work was done, as SILK MILL, SAW MILL, BANK, etc	
D 10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Chail & - 2md (State or country)	Other Contributory Causes of Importance;
13. NAME Ibu Franklin Shratt	
7.4	
( 14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Mary Elizabeth Swith	What test confirmed diagnosis? Was there an au'opsy?
2. 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of injury, 19  Where did injury occur?
1- 7-41. 81 +	(Specify city or town, county and State)
7. INFORMANT WWW Shoulden Speech (Address) Seklor and RD	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Rose Auf Calvery Wate Nov 6 19 35	Nature of injury
Ameril B. Harris	24. Was disease or injury In any way related to occupation of deceased?
9. UNDERTAKER TOUGH U. WOUND (Address)	If so, specify
24 /	(Signed) Herbert Boles M.
Registrar.	(Adgess) Eliton wed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	ate of onse	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,192	7 Peritonitis	3 days ago
Other contributory causes of importance:	May 1,192	Other contributory causes of importance:  Gastroenteritis	1 year

RD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12952
1. PLACE OF DEATH	. (59)
County Clair	Registration Dist. No.
Village or City Bass Views	NoSt., Ward
7.0	death occurred in a horpital or institution, give its NAME instead of street and number)  —ds. How long In U.S. if of foreign birth?yrsds.
m R 7. 10	
2. FULL NAME / Lary ) Sumte	O) Wash
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 24 193 5
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of William Trimble	22.   I HEREBY CERTIFY, That I ettended dacaasad from
6. DATE OF BIRTH (month, day, and year) March, 30 1854	I last saw be aliva on
7. AGE Years Months Days If LESS than	to hava occurrad on tha date statad above, atm.
8/ 7 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanca wara as follows:
9 Trade profession or particular	deft down
SAWYER, BOOKKEEPER, atc.	Macunic
9. Industry or Dusinass in Which Work was dona, as SILK MILL, SAW MILL, BANK, atc.	
0. Data decaasad last workad at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) AUCHAN O TRANSPORTER	1 care
E R L P	Name of operation. Date of
4 14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was there an eulopsy?
置 15. MAIDEN NAME Creuson	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicida? Date of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Miss Manie Journal of Manager 1981	Spacify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Date 100 1935	Natura of injury
19. UNDERTAKER JOSEPH C. CA.	24. Was disaasa or injury in any way related to occupation of dacaased?
(Addrass) North East. Mary and	If so, specify
20. FILED 2 26, 1988 GW Owens	(Signad) M. D.
Registrar.	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OEC 4 1935	and		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RECORD.

#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? If U.S. Veteran specify WAR (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day 5a. If married, widowed, or divorced HUSBAND of 22 I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than to heve occurred on the date stated above, at 1 day ....- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 11. Totel time (years) spant in this Apple 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsy? ...... MOTHER 15. MAIDEN NAME 23. If deeth wes due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? ..... Date of Injury ...... 19 (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury 19. UNDERTAKER (Address) If so, specify

Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

A te	STATE OF MARYLAND	CERTIFICATE OF DEATH
stat UPA	1. PLACE OF DEATH	
ould OCC	county Chail County	Registration Dist. No. 90
should of OCC	Village or City Inclinante Lown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
nt nt	Length of rasidence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
b. Every SICIANS tatement	2. FULL NAME Joseph Wilmore	
> 00	(a) Residence: Not Fredrick Journal (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PHY act si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT REC L Y. PH. . Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
NED C T I	5a. If married, widowed, or divorced HUSBAND of	
A	(or) WIFE of Wildwild Unknown	1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Unknown 1861	Mast saw h and aliva on Mar 2 2 193 4 death is sale
0	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at $4a$ -m.
IS A I stated properl ertifica	7 \\ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
70	- 8. Trade profession or particular	Chronic Intenstitial Metheritis Independent
be pe of	SAWYER, BODKKEEPER, etc. Cement Jenus har	
should it may n back	9 Nindustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Mremin Coma 3da.
Sh it	kind of work dona, as SPINNER, Coment Fernal Company  SAWYER, BDDKKEEPER, etc.  9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and to you in this spent in this sp	
	year) occupation 23 %	Other Contributory Causes of importance:
NFADING oplied. AGE erms, so tha instructions	12. BIRTHPLACE (city or town) Call County M. M.	Outer Continuory Causes of Importance,
FAI ied. is,	(State or country)	
UNF supplion term ee inst	14. BIRTHPLACE (city or town) Clail County	
	14. BIRTHPLACE (city or town) (State or country)	Name of operation
WITH efully in plai		What test confirmed diagnosis? Was there an au'opsy?
	E don't Cont	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
Id be car DEATH y import	16. BIRTHPLACE (city or town)   Class   (Stata or country)	Accident, suicide, or homicida?
DEA'	17. INFORMANT Crima Slels	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Should OF D	(Address) Fredrick my	
sh sh is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place California MW, Date 215 ,1935	Nature of injury
matior CAUS TION	19. UNDERTAKER Samue, T. moore	24. Was disease or injury In any way related to occupation of deceased?
B.	(Address) M idalotour Weld.	If so, specify
ż	20. FILED NOV. 21 , 1938 Stock Countries	(Signed) Galaxia M. D. (Address) Galaxia M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING

RGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc., For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	Part .
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
S Deed of	1000		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			. 6

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ARGIN RESERVED FOR BINDING

V. S. No. F

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(181)	
County Cecil	Registration Dist. No. 92	
Village or City Eleton Md.	No. Union Hospital St. Ward	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.	
2. FULL NAME anna May with U	Tyre	
(a) Residence: No. North Exit, md.	U <sub>St.,</sub> Ward.	
(Ustal place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of	22. 1 HEREBY CERTIFY, That I attanded deceased from	
James Chyre	10-15 1935, to 16-8 1935	
6. DATE OF BIRTH (month, day, and year) Sept 6, 1916	I last saw h Sliva on /	
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.	
19 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade exploration or particular	seemed degree Date of onset	
kind of work dona, as SPINNER, House wife	Pour of 1	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased tast worked at 11. Totat tima (years) this securation (month and enable in this.	to the legs humb	
SAW MILL, BANK, etc	& sand refug	
spantin this /	of lineraldonen.	
yaar) 0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Wilmington (State or country)		
13. NAME William Heath  14. BIRTHPLACE (city or town) Elkton (new)		
14. BIRTHPLACE (city or town) (new)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was thera an au'opsy?	
15. MAIOEN NAME  16. BIRTHPLACE (city or town) Baltimere	23. If death was due to external causas (VIOL ENCE) fill in also tha following:	
0 16. BIRTHPLACE (city or town) Baltinge	Accident, suicide, or homicide	
(State or country) maryland	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Claton Hospital	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Elklon Md.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mathodist Camelay Date Mod 11, 1935	Nature of injury	
19. UNDERTAKER Ralph m Reel	24. Was disease or flinty in any way related to occupation of deceased?	
(Address) Rising Sun, md.	If so, specify the the specific that the specifi	
20. FILED 11 or 9, 1935 A Branze Prayer (Signed) (Signed) (M. D.		
/ Registrar.	(Address) My Sum Mil	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
915	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
3	Other contributory causes of importance:	
1,1923	Gastroenteritis	1 year
	1915 1921 19,1927 1911,1923	Attack of epilepsy  Run over by street car  75,1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

BINDING RESERVED

S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EVERENCY, S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

)	item of infor-	should state	of OCCUPA-
	RECORD, Every i	PHYSICIANS	Exact statement
BINDING	PERMANENT	EXACTLY.	ly classified. I
FOR	IS A I	stated	properl
ARGIN KESEKVED FOR BINDING	UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
	Z		1-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12957
County C	(53-2)
Village or City Capple ton	Registration Dist. No. 47 73
/ (If	NOSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME plus Elwood 3 bl	ref
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	100 30 1935 -
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(OT) WIFE OF Georgiana W. Zebley	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Supple 18-185-6	100 28 1935, to 200 30 1935
6. DATE OF BIRTH (month, day, and year) July 8 - /8 6  7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at & . 12 m.
79 2 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
18 Trade profession or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occupation (month and	Coremona of
SAW MILL, BANK, etc	right lung:
TO. Date decesed lest worked et 11. Total time (yeers)	Primary Corcinoma of right penoted
this occupation (month and spent in this occupation coupation	glands Coustof Duration: 3 years.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Caremona of regit
13. NAME Bujanin Zeblerg	parolis claud.
4 14. BIRTHPLACE (city of town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susau Belson	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (cily or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
Y1. 17/11.01	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Head Illustrapale DEC 3, 1935	Nature of injury
19. UNDERTAKER P. J. Fanis.	24. Wes disease or Injury in any way related to occupation of deceesed?
(Address) Selgener Dul	If so, specify
20. FILED DEC 3, 1935 Hans Frager	(Signed) Alallore in Johnson M. D.
Registrar.	(Address) Please First Del

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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